

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 24 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000005545

1. Corporation Name

KORN/FERRY INTERNATIONAL, INC.

2. Principal Office Address - No P.O. Box #

1900 AVENUE OF THE STARS

Suite, Apt. #, etc.

2600

City & State

LOS ANGELES, CA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

90067

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

600152396216
04/24/09--01039--025 **600.00
REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida **10/27/1999**

5. FEI Number
95-2623879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date **4/10/09**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	GARY D. BURNISON,	1900 AVE. OF THE STARS STE 2600	LOS ANGELES, CA 90067
SECRETARY	PETER L. DUNN	1900 AVE. OF THE STARS STE 2600	LOS ANGELES, CA 90067

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

PETER L. DUNN, SECRETARY

4/13/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/09